

Name of Department:

Subject: To permanent the Probation Period

_____ primary teacher at M.C.P.S. _____,

his date of appointment is _____. He has been completed the probation period on _____. His details for increment as follow:

- | | |
|---|-----------------|
| 1. Two Years Works and Conduct Report | Page No.: _____ |
| 2. Two Years Leave Record | Page No.: _____ |
| 3. Two Years Annual Confidential Report | Page No.: _____ |
| 4. No R.D.A. Report | Page No.: _____ |
| 5. Documents Verification | |
| 5.1 X and XII | Page No.: _____ |
| 5.2 E.T.E. | Page No.: _____ |
| 5.3 O.B.C. | Page No.: _____ |
| 6. Police Verification Report | Page No.: _____ |
| 7. Medical Report | Page No.: _____ |

_____ has been passed the two years probation period satisfactory. So, grant him first increment according to pay scale _____. His basic pay will be _____ on _____.

Bill Clerk

Name of Department:

No.....

Dated

WORK AND CONDUCT REPORTS

This is to certify that Shri / Smt. Miss
S/o, D/o, W/o Shri has been working in this
office

This is to certify that as per his / her service book and Personal file of the
incumbent is not under Currency of punishment for the last 2 years. Further No.
RDA/ Police Case is pending against the official As per current list.

His / Her work and conduct report have been found good for the last 2 years.

Signature of Officer
With office seal

वर्भाग का नाम:

अवकाश रिपोर्ट

सत्र.....

प्रमाणित किया जाता है कि श्री/श्रीमती/कु०
निगम विद्यालय..... मे.....के पद पर
कार्यरत है। सत्र.....में कर्मचारी कर्मचारी निलम्बित/बिना
वेतन/अर्ध वेतने कोई भी ऐसा लम्बा अवैतनिक अवकाश नहीं लिया है जिससे
इनकी परिविक्षा काल पर प्रभाव पड़े। मैं इनके उज्ज्वल भविष्य की कामना करता/
करती हूँ।

प्रधानाचार्य

Name of Department:

No. .

Dated

Subject:- Annual Confidential Report for the year

Signature of Officer
with seal

Name of Department:

No.

Dated

Subject:- **NO DUES CERTIFICATES**

NO DUES CERTIFICATES is required by this office in connection with Probation Period Clearance of Sh/Smt/Km/ _____ s/o,d/o _____ w/o _____ working in _____ Post _____ whose particulars are given below:

Name of Employee : _____
Father's Name : _____
Husband's Name : _____
School : _____
Date of Appointment : _____
Date of Birth : _____
Whether Mpl Alloted or Not : _____
Address : _____
GPF/CPF & PRAN No. : _____
Date of Relieving : _____

Signature of officer
with seal

Copy to: